

Whispering Winds Equine Rescue

6161 Clarks Branch Rd, Roseburg OR 97470

Phone: 503-318-4502

www.whisperingwindsequinerescue.com

Volunteer Application & Data Sheet

Date of Application: _____

Tell Us About You

| | |
|--|--|
| Name | |
| Address | |
| City, State, Zip | |
| Home Phone | |
| Work Phone | |
| Cell Phone | |
| Email <input type="checkbox"/> Home <input type="checkbox"/> Work | |
| Date of Birth | |

Are there any special medical conditions that emergency personnel should be made aware of? (Asthma, Bee allergies, Heart conditions, etc.) ___ Yes ___ No If Yes, explain: _____

2 Emergency Contact: _____
Name Relationship Phone

Please make a copy of your medical insurance card and attach it to this application.

Status:

Adult (Over 18)

Non-Adult ((Under 18) Age: _____

Signature (Parent/Guardian Signature required if under 18)

Please provide three references:

Name _____

Address _____

Phone _____ Email _____

Relationship to you _____

Name _____

Address _____

Phone _____ Email _____

Relationship to you _____

Name _____

Address _____

Phone _____ Email _____

Relationship to you _____

How did you hear about Whispering Winds Equine Rescue?

Why do you want to volunteer for WWER?

Other organizations you have volunteered for:

How Long?

What type of volunteer work are you most interested in?

| Working with Horses | Special Projects | Working Behind the Scenes |
|---|--|---|
| <p>Trailing</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have truck / trailer <input type="checkbox"/> Will drive our rig <p>Working with Horses</p> <ul style="list-style-type: none"> <input type="checkbox"/> Welfare checks on neglected horses <input type="checkbox"/> Grooming <input type="checkbox"/> Lunging / Training / Riding <input type="checkbox"/> New Foal care <input type="checkbox"/> Medical care: shots / Worming / wound care <p>Barn Chores</p> <ul style="list-style-type: none"> <input type="checkbox"/> Mucking Stalls <input type="checkbox"/> Fixing Things | <p>Events</p> <ul style="list-style-type: none"> <input type="checkbox"/> Booths at shows <input type="checkbox"/> Presentations to youth groups <input type="checkbox"/> Decorating <input type="checkbox"/> Catering / Food prep <p>Special Skills</p> <ul style="list-style-type: none"> <input type="checkbox"/> Construction <input type="checkbox"/> Legal <input type="checkbox"/> Accounting <input type="checkbox"/> Govt. Relations <input type="checkbox"/> Law Enforcement <p>Fundraising</p> <ul style="list-style-type: none"> <input type="checkbox"/> Auction item procurement <input type="checkbox"/> Grant writing <input type="checkbox"/> Donor management | <p>Marketing / Advertising</p> <ul style="list-style-type: none"> <input type="checkbox"/> Design/place ads <input type="checkbox"/> Photography <input type="checkbox"/> Writing <input type="checkbox"/> Website <p>From Home or Office</p> <ul style="list-style-type: none"> <input type="checkbox"/> Making phone calls <input type="checkbox"/> Updating info on computer <input type="checkbox"/> Bookkeeping |

| Days Available to Volunteer: | Times Available | Number of Hours you would like to donate per visit: |
|---|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday | <ul style="list-style-type: none"> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Once a Week <input type="checkbox"/> Twice a Week <input type="checkbox"/> Once a Month <input type="checkbox"/> Special Projects <input type="checkbox"/> | |